

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3980AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2008
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CIRCLE OF CARE ACKERMAN		STREET ADDRESS, CITY, STATE, ZIP CODE 7385 ACKERMAN AVE LAS VEGAS, NV 89131		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 24, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds, Category 2.</p> <p>The facility had the following endorsements: Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 7. 7 resident files were reviewed and 5 employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p>The facility's Plan of Correction was reviewed on 12/31/08. As of 12/31/08, the facility was in substantial compliance. The plan has been accepted.</p> <p><i>[Signature]</i></p>	
Y 104	<p>449.200(1)(e) Personnel File - References</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility.</p>	Y 104	<p>SEE ATTACHMENTS</p>	10/30/08

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Q0KY11

TITLE

(X6) DATE

[Signature] Administrator 12/5/08
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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

If continuation sheet 1 of 10




Absolute Circle of Care

"Where Residential Quality and Care in a Homelike Setting Is At Its BEST!"

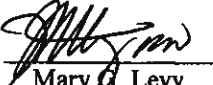
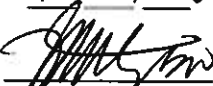
7385 Ackerman Ave., Las Vegas Nevada, 89131

(702) 655-1544 Fax: (702) 655-6712 E-mail: absolutecircleofcare@earthlink.net

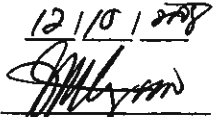
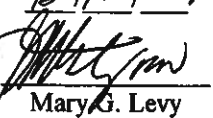
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<u>Y104</u> NAC449.200 (1)(e) (Personnel File - References)	<p>A.) Employees and Staff of Absolute Circle of Care are sub-contracted under the hiring, training and background checked of the Personal Care Assistant Company called Care4Life In-Home Care – The PCA company carries Workmen's Comp insurance on all their employees, deducts payroll taxes, and carries three million dollars in liability insurance (\$3,000,000.00) along with the twenty five thousand (\$25,000.00) theft bond. The employment criterion of the company adheres and complies with the Nevada State Regulations regarding training, employment and documentation. The company's employment criteria are as follows: criminal background checks via fingerprinting for FBI and Nevada Criminal Repository, evidence of CPR and first aid training, evidence of negative TB test result, and thirteen hours of Basic PCA Training (13 hrs. PLUS three hours of CPR class = total of 16 Hours) of training provided by Care4Life In-Home Care along with eight hours (8 hrs.) of annual training thereafter. Employee #2 has been employed by Care4Life In-Home Care since 03/22/2003. A Copy of Certification of Release of Employment Verification as part of Care4Life In-Home Care Employment Application Form is attached with Employee #2 consent signature At that time of inspection conducted by - Surveyor, some files of the Employee #2 who started working at Absolute Circle of Care on 03/2008 were still on file at Care4Life In-Home Care office located @ 8687 W. Sahara Avenue, Suite 190, Las Vegas, NV 89117. Reference Verification is attached (<i>Attachment # 01</i>).</p> <p>B.) Administrator/Designee will review Employee Files every 6 months to ensure current employees have files in the facility since employees are subcontracted under Care4Life In-Home Care. Administrator will monitor for compliance.</p> <p>C.) 10/30/2008</p>	<p>10/30/2008</p> <p> Mary G. Levy RN-BSN Administrator</p>

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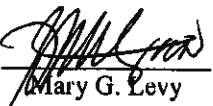
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<u>Y435</u> NAC 449.229(4) (Fire Extinguisher; Inspection)	<p>A.) The Fire Extinguisher had been recharged and tagged after it was taken to ACE Fire System on October 27, 2008 four days after the survey date.</p> <p>B.) A new contract agreement was done with ACE Fire Systems to ensure that annual inspections is done at Absolute Circle of Care facility and ACE Fire Systems will recharge and tag 2 Portable Fire Extinguisher annually as mandated. A copy of the tags for 2 Portable Extinguisher is attached as (<i>Attachment # 2</i>) with a copy of the ACE Fire Extinguisher Service Agreement. Administrator/Designee will monitor for compliance.</p> <p>C.) 10/27/2008</p>	<p>10/27/2008</p>  Mary G. Levy RN-BSN Administrator
<u>Y936</u> NAC 449.2749 (1)(e) Resident File	<p>A.) All Residents at Absolute Circle of Care except for Resident # 2 are under the care of Dr. _____ with a designated PA _____ who comes and assessed patients every 8 weeks and when necessary. In-House on call MD makes the determination if the risk of exposure is appropriate for a lesser frequency of TB testing and documents that determination as per indicated in the NAC 441A.380 (c). However, as per the Absolute Circle of Care Facility's policy for Tuberculosis Test written in the form in accordance with the CDC Guidelines (Center for Disease Control and Prevention). The facility requires to have Two-Step Test completed if a resident had a documented history of a Two-step Mantoux TB test and has not had a single Mantoux TB test within the last 12 months preceding the move-in date. Attached is a copy of the 1st Step TB test (<i>Attachment #3</i>) done by _____, PA for Dr. _____ and results will be read by him after 72 hours. Second test will be done accordingly after 2 weeks as per CDC Guidelines. Results will be forwarded to your office for your copy of compliance.</p> <p>B.) All active residents files will be reviewed every 6 months to ensure residents have annual TB test done. A separate folder for all Annual Compliance has been establish for easy accessibility of records and files for Annual TB Test, Annual ADL Assessment. Administrator/Designee will monitor for compliance.</p> <p>C.) 12/15/2008</p>	<p>12/15/2008</p>  Mary G. Levy RN-BSN Administrator


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<u>Y936</u> NAC 449.2749 (1)(e) Resident File	<p>A.) Resident # 6 copy of the Completed Two Step TB Test on 2/22/2008 is attached a (<i>Attachment #4</i>). The facility requires to have Two-Step Test completed if a resident have a documented history of a Two-step Mantoux TB test and has not had a single Mantoux TB test within the last 12 months preceding the move-in date of the Resident #6 on 06/09/2007. Previous 2 Step-TB Test was done on 11/28/2006 for 1st step and 12/05/2006 for the 2nd step Mantoux test. TB Test reports on those dates attached as (<i>Attachment #5</i>).</p> <p>B.) All active residents files will be reviewed every 6 months to ensure residents have annual TB test screening done. A separate folder for all Resident's Annual Compliance has been established for easy accessibility of records and files for Annual TB Test, Annual ADL Assessment. Administrator/Designee will monitor for compliance.</p> <p>C.) 12/15/2008</p>	<p>12/15/2008</p>  Mary G. Levy RN-BSN Administrator
<u>Y940</u> NAC. 449.2749 (Resident's Annual ADL's Assessment)	<p>A.) All Residents at Absolute Circle of Care except for Resident # 2 are under the care of Dr. _____ with a designated PA who physically comes at Absolute Circle of Care and assessed patients every 8 weeks and when necessary.</p> <p>B.) In-House on call MD and Facility Administrator with the aid of all caregivers and Personnel's Interdisciplinary Conference done monthly or when necessary will determine appropriate placement of all the residents with the facility's Quarterly ADL's filed in a separate folder. Annual ADL's are usually done around the second week of December before the year ends regardless of the admission date of the resident as all residents are assessed with Quarterly ADL's Assessment anyway. Copies of 2008 Annual ADL's Assessment for Resident #2, #4, #5, #6, #7 are attached as (<i>Attachment #6</i>). At the time of the survey, the separate folders where Quarterly and Annual ADL's are filed were not accessible to present to the surveyor. Administrator/Designee will ensure daytime Personnel/Caregiver will have easy accessibility to Records and Files available in times of survey/inspection.</p> <p>C.)12/15/2008</p>	<p>12/15/2008</p>  Mary G. Levy RN-BSN Administrator

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YA985 NAC. 449.2768 (1) (a, b) Dementia Training	<p>A.) Employee #3 as the administrator of the facility is a Registered Nurse with a current active license in Nevada. Enclosed (<i>Attachment # 7</i>) is a copy of the Nevada RN License. Under NAC 449.2768 (3). If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia which must be completed on or before the anniversary date of the first date of the employee maybe used to satisfy any continuing education requirements of an occupational licensing board., and do not constitute additional hours or units of continuing education required by the occupational licensing board. Employee #3 had 2 years employment at Southern Hills Hospital- Medical Surgical unit and a float Nurse in ICU-Step Down dealing with various patients with brain related disease and injuries, behavioral problems like patient with Legal 2000 (harmful to themselves and others) issues and other types of dementia patients. The Administrator has founded and started a (PCA) Personal Care Assistant company called Care4Life In-Home Care and had been the Managing Director of the said company since 2003 handling clients with Alzheimer's and Dementia and currently is a Certified CEU Provider by Nevada State Board of Nursing at the same time educates and instructs Care4Life In-Home Care PCA applicants with Basic PCA Training and annual continuing education. Please see set of documented evidence (<i>Attachment # 8</i>) for Administrator's credentials and CEU's).</p> <p>B.)Administrator/Designee will ensure all employees files including Administrators files will be reviewed every 6 months to ensure employees and Administrator have current Annual Certifications renewed prior to expiration dates. Administrator /Designee will monitor for compliance.</p> <p>C.)10/30/2008</p>	<p>10/30/2008</p>  Mary G. Levy RN-BSN Administrator
YA985 NAC. 449.2768 (1) (a, b) Dementia Training	<p>A.)Employee # 6 had successfully completed her initial training of 13 Hours of Basic PCA Training provided by Care4Life In-Home Care which topics includes Recognizing and Responding to Emergencies, Communicating with Alzheimer's/Dementia Clients etc. Please see copy of Employee #6 Initial Training Certification as attached (<i>Attachment # 9</i>).</p>	<p>10/30/2008</p>  Mary G. Levy RN-BSN Administrator RECEIVED

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<p>YA985</p> <p>NAC. 449.2768</p> <p>(1) (a, b)</p> <p>Dementia Training</p>	<p>A.)Employee #6 had successfully completed annual Dementia Training conducted by _____ to all of the Absolute Circle of Care Personnel and Caregivers as their mandatory annual training on 02/02/2008. Please see copy of Employee #6 Annual Certification as attached (<i>Attachment #10</i>).</p> <p>B.)Administrator/Designee will ensure all employees files including Administrators files will be reviewed every 6 months to ensure employees and Administrator have current Annual Certifications renewed prior to expiration dates. Administrator /Designee will monitor for compliance.</p> <p>C.)10/30/2008</p>	<p><u>10/30/2008</u></p> <p> Mary G. Levy RN-BSN Administrator</p>

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